PEDIATRIC

BASIC LIFE SUPPORT GUIDELINE

BRADYCARDIA

Bradycardia in infants and children generally arises due to hypoxia.

Hypoglycemia has been known to cause bradycardia.

Special considerations may apply in the presence of severe hypothermia.

| Initiate guideline for symptomatic pulse rate less than: | |
|--|-------------------------------------|
| Age | Pulse Rate |
| Newborn | see newborn resuscitation guideline |
| Infant (<1 year) | 100 |
| Toddler (1-3 years) | 90 |
| Preschooler (3-6 years) | 80 |
| School-age (6-12 years) | 70 |
| Adolescent (12-18 years) | 60 |

- 1. Assess ABC's.
- 2. Administer 100% O2.
- 3. Complete initial assessment:
 - Respiratory difficulty
 - Cyanosis despite O2 administration
 - Truncal cyanosis and coolness
 - Hypotension
 - No palpable blood pressure
 - Weak, thready, absent pulses

Decreasing consciousness

- 4. Support ABC's:
 - Secure airway
 - Support ventilation
 - Assess mental status
 - Keep child warm
- 5. Consider need for ALS assistance (if available):
 - Initiate transport
 - Perform focused history and detailed physical exam en route to the hospital
 - Reassess patient frequently
 - Contact receiving medical facility
- 6. If signs of severe cardiac compromise are present in an infant and the heart rate remains slower than 60 beats per minute, despite oxygenation and ventilation, initiate chest compressions.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.

0104 Page 1 of 1 BRADYCARDIA - Pediatric